

EXHIBIT 1

EXHIBIT 1

Declaration of Karla D. Wagner, PhD

I, Dr. Karla Wagner, am an Associate Professor in the School of Community Health Sciences at the University of Nevada, Reno. My expertise is in social and behavioral health, focusing primarily on interventions to reduce the risk of HIV infection and other health risks among vulnerable populations. My research consists of pragmatic public health trials and social network studies related to HIV testing and prevention initiatives, and involves collaborations with state and local organizations in Nevada and California, including law enforcement and public health agencies. My teaching focuses on graduate-level public health research methods and public health ethics.

I was contacted on Friday May 1, 2020 by the Federal Public Defender for the District of Nevada regarding lack of widespread testing for COVID-19 in correctional facilities in the state of Nevada.

As a Public Health professor who studies efforts to reduce the risk posed by infectious disease in vulnerable populations, I believe it is in the best interest of people who are incarcerated and the broader public health to ensure that detainees and correctional staff have access to testing for SARS-CoV-2 (the virus that causes COVID-19) and recommended prevention measures, including but not limited to sufficient space for social distancing, and access to soap, water, hand sanitizer, and personal protective equipment.

Similar to others in shared housing environments such as nursing homes, incarcerated individuals are subject to increased risk for COVID-19. They spend extended amounts of time in close proximity, have a higher likelihood of having underlying health conditions, lack the space to effectively practice social distancing, and have less access to sufficient sanitation resources compared to the non-incarcerated population.¹ All of these factors increase the risk that the virus will spread as well as the likelihood that infected individuals will have worse outcomes.

COVID-19 prevalence data in detention facilities are often lacking, which limits facilities' abilities to engage in effective prevention measures. However, a recent CDC report found that 420 correctional/detention facilities in 32 state and territorial health department jurisdictions reported at least one case of COVID-19 during the period April 22-28, 2020; 4,893 incarcerated persons had a COVID-19 diagnosis and 88 deaths were reported.² As of May 5, 2020, there were 1,022 total cases of COVID-19 in Washoe County and 37 deaths.³ Combined, these data suggest

¹ Rubin R. The Challenge of Preventing COVID-19 Spread in Correctional Facilities. *JAMA*. Published online April 07, 2020. doi:10.1001/jama.2020.5427

² Wallace M, Hagan L, Curran KG, et al. COVID-19 in Correctional and Detention Facilities — United States, February–April 2020. *MMWR Morb Mortal Wkly Rep*. ePub: 6 May 2020. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919e1>

³ https://www.washoecounty.us/health/programs-and-services/communicable-diseases-and-epidemiology/educational_materials/COVID-19.php

that incarcerated persons and correctional staff in Washoe County are at risk for infection and death due to COVID-19.

Evidence from other viral epidemics such as HIV suggests that in the absence of an effective vaccine, prophylactic precautions and widespread screening/detection are critical tools to protect individual and public health.⁴ Like HIV, the potential for asymptomatic transmission of SARS-CoV-2 is a significant factor driving the epidemic.⁵

The most effective strategy to reduce risk for COVID-19 among detainees would be to release them so that they are able to practice effective social distancing in the community. As a second line remedy, ensuring that incarcerated people are universally tested could ensure an accurate prevalence estimate and identify infectious and susceptible individuals at the time the tests are administered. Then, action could be taken to arrange housing such that infectious individuals are monitored and treated for progressive disease, releases are granted as needed, and susceptible people are provided guideline-concordant prophylactic precautions, including sufficient space for social distancing (minimum 13 feet); monitoring for symptoms; rapid testing and isolation of suspected cases; contact tracing; and access to soap, water, and hand sanitizer. In addition, testing new arrivals and arranging housing based on the results from those tests could help slow the spread of disease within facilities.

Importantly, these measures should be implemented with input and fully informed consent from incarcerated people, and precautions should be taken to ensure that testing and prevention measures do not result in deterioration of conditions for detainees. Precautions should be taken to ensure that these prevention measures do not interfere with detainees' ability to access information or communicate with people outside the facility.

I declare under penalty of perjury under the laws of the United States of America that the foregoing information is true and correct to the best of my knowledge and belief.

Executed on May 8, 2020, in Reno, Nevada.



Karla D. Wagner, Ph.D.

⁴ Fauci AS, Redfield RR, Sigounas G, Weahkee MD, Giroir BP. Ending the HIV Epidemic: A Plan for the United States. *JAMA*. 2019;321(9):844–845. doi:10.1001/jama.2019.1343

⁵ Feng Ye, Shicai Xu, Zhihua Rong, Ronghua Xu, Xiaowei Liu, Pingfu Deng, Hai Liu, Xuejun Xu. Delivery of infection from asymptomatic carriers of COVID-19 in a familial cluster. *International Journal of Infectious Diseases*, Volume 94, 2020, Pages 133-138, <https://doi.org/10.1016/j.ijid.2020.03.042>.